Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, 1A 50319

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:	
DHS- CNEROKEE MENTAL HEALTH INSTITUTE Name of Department or Office 1351 West Cedar Loop Cheroker Mailing Address 712. 225 2594 Area Code & Telephone No.	L, IA 51012
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Name Malling Address (If different from above) KMATNEN (&CIN5. State. ia. US Area Code & Telephone Num	·
Email Address Area Code & Falephone Man	
PHONIMOUS	4
Mailing Address City, State, Zip Code 3-15-18 Date of Gift or Bequest	\$ 30.00 Amount/Value* tet value* of item as determined by the first of the state of
Provide a description of the gift or bequest and purpose thereof: Two bags of childvens clothing.	
Criteria to use this form: Receipt of any gift or bequest that is received by any department of the state or received by the Governor on be	pehalf of the state.
Statement of Affirmation: Later Market Value (If applicable) is correct and true to the best of my knowledge.	information concerning the donor and

3-16-18 Date